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STATE OF IDAHO Retiree Plan COBRA Monthly Premium Rates Effective 7/1/2008 through 6/30/2009

You may only choose a continuation of the plan in effect on the date your retiree plan coverage ends:

| | Traditional Plan | PPO Plan |
|--------------------------------|------------------|----------|
| <i>Without Medicare</i> | | |
| Spouse | \$460.00 | \$448.00 |
| Child | \$179.00 | \$165.00 |
| Spouse and child | \$639.00 | \$613.00 |
| <i>One on Medicare</i> | | |
| Spouse | \$283.00 | \$282.00 |
| Child | \$179.00 | \$165.00 |
| Spouse and child | \$462.00 | \$447.00 |

PAYMENT OF PREMIUM

You will be billed monthly by Blue Cross of Idaho.

*Note: If you are eligible for the 29 month continuation of coverage you will be charged 150% of group rates for months 19 through 29 and will be advised of such rates by your plan carrier.